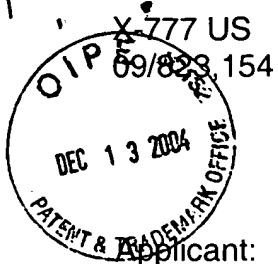


4/1

2123



PATENT
Conf. No. 8118

IN THE UNITED STATES PATENT OFFICE

Applicant: Neil G. Jacobson
Assignee: Xilinx, Inc.
Title: "Network Based Diagnostic System and Method for Programmable Hardware"
Serial No.: 09/823,154 File Date: 03/29/2001
Examiner: Dwain M. Craig Art Unit: 2123
Docket No.: X-777 US Conf. No.: 8118

Mail Stop AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

RECEIVED
DEC 21 2004
Technology Center 2100

RESPONSE TO THE FIRST OFFICE ACTION

Dear Sir:

In response to the first Office Action mailed from the Patent Office on September 28, 2004, please reconsider allowance of the claims in view of the Amendments and Remarks below.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

12/15/2004 SHINASS1 00000003 240040 09823154

01 FC:1202 72.00 DA
02 FC:1201 176.00 DA



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$)**248.00**

Complete if Known

Application / Conf. No.	09/823,154 / 8118
Filing Date	March 29, 2001
First Named Inventor	Neil G. Jacobson
Examiner Name	Dwin M. Craig
Art Unit	2123
Attorney Docket No.	X-777 US

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees any additional fees required, and credit any over payments to:

☒ Deposit Account

Deposit
Account
Number

24-0040

Deposit
Account
Name

XILINX, INC.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity

Fee Code	Fee (\$)	Fee Description	Fee
1001	770	Utility filing fee	
1002	330	Design filing fee	
1003	510	Plant filing fee	
1004	790	Reissue filing fee	
105	160	Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra	Fee from below	Fee Paid
Total Claims 32 - 20** =	4	18	\$72
Indep. Claims 05 - 3** =	2	88	\$176
Multiple Dependent Claims			

**or number previously paid, if greater; For Reissues, see below

Large Entity

Fee Code	Fee (\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent claims in excess of 3
1203	290	Multiple dependent claim, if not paid
1204	86	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

248.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Fee Description
1051	130	Surcharge - late filing fee or oath
1052	50	Surcharge - late provisional filing fee or cover sheet.
1812	2,520	For filing a request for exparte reexamination
1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	Extension for reply within first month
1252	430	Extension for reply within second month
1253	950	Extension for reply within third month
1254	1,530	Extension for reply within fourth month
1255	2,080	Extension for reply within fifth month
1401	340	Notice of Appeal
1402	340	Filing a brief in support of an appeal
1403	300	Request for oral hearing
1451	1,510	Petition to institute a public use proceeding
1452	110	Petition to revive - unavoidable
1453	1,370	Petition to revive - unintentional
1501	1,370	Utility issue fee (or reissue)
1460	130	Petitions to the Commissioner
1807	50	Petitions related to provisional applications
1806	180	Submission of Information Disclosure Stmt
8021	40	Recording each patent assignment per property (times number of properties)
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))
1810	790	For each additional invention to be examined (37 CFR 1.129(b))
1801	790	Request for Continued Examination (RCE)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lois D. Cartier	Registration No. (Attorney/Agent)	40,941	Telephone	720-652-3733
Signature		Date	12-07-2004		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.



Modified 02-03

PTO/SB/21 (01-03)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing) Mail Stop: AMENDMENT Express Mail Receipt No. Total Number of Pages in This Submission	Application / Conf. No.	09/823,154 / 8118
	Filing Date	March 29, 2001
	First Named Inventor	Neil G. Jacobson
	Examiner Name	Dwin M. Craig
	Art Unit	2123
	Patent No.	
	Attorney Docket Number	X-777 US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Change Status to LARGE ENTITY <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet) <input type="checkbox"/> Declaration / Oath <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition - <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

RECEIVED
DEC 21 2004
Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Customer Number	24309 (Customer Number)	Reg. Number 40,941
Attn:	Lois D. Cartier	
Signature		
Date	December 7, 2004	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date December 7, 2004			
Typed or Printed Name	Pat Slaback		
Signature		Date	December 7, 2004

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.